

R9-25-503. Protocol for an EMT to Administer, Monitor, or Assist in Patient Self-

Administration of an Agent

- A.** An EMT may administer an agent to a patient if:
1. Table 1 indicates that an EMT with the certification held by the EMT may administer the agent;
 2. The EMT's administration of the agent complies with any requirements included in this Article related to administration of the agent;
 3. The EMT is authorized to administer the agent by:
 - a. The EMT's administrative medical director; or
 - b. For an EMT-B who does not have an administrative medical director, the emergency medical services provider for which the EMT-B works; and
 4. Administering the agent to the patient is consistent with any administrative medical direction and on-line medical direction received by the EMT.
- B.** When an EMT administers an agent, the EMT shall document the administration on a prehospital incident history report, as defined in A.R.S. § 36-2220, including at least:
1. Patient name, if available;
 2. Agent name;
 3. Indications for administration;
 4. Dose administered;
 5. Route of administration;
 6. Date and time of administration; and
 7. Observed patient response to administration of the agent.
- C.** An EMT shall comply with the written standard operating procedure adopted by the emergency medical services provider for which the EMT works as required under R9-25-204(F)(6) or R9-25-210(D)(3), if applicable.
- D.** An EMT may monitor an agent listed in Table 1 if:
1. Table 1 indicates that an EMT with the certification held by the EMT may monitor or administer the agent;
 2. The EMT has completed training in administration of the agent that included at least the following information about the agent:
 - a. Class,
 - b. Mechanism of action,
 - c. Indications and field use,

This is an unofficial copy of A.A.C. R9-25-503, as amended by an exempt rulemaking effective January 31, 2007. Before relying on any of the provisions in this unofficial copy, you should consult the official version published in the Arizona Administrative Register or Arizona Administrative Code.

- d. Contraindications,
 - e. Adverse reactions,
 - f. Incompatibilities and drug interactions,
 - g. Adult dosage,
 - h. Pediatric dosage,
 - i. Route of administration,
 - j. Onset of action,
 - k. Peak effects,
 - l. Duration of action,
 - m. Dosage forms and packaging,
 - n. Required Arizona minimum supply, and
 - o. Special considerations;
- 3. If the agent is administered via an infusion pump, the EMT has completed training in the operation of the infusion pump;
 - 4. If the agent is administered via a small volume nebulizer, the EMT has completed training in the operation of the small volume nebulizer; and
 - 5. If the agent is administered via a central line, the EMT is an EMT-P.
- E.** An EMT may assist in patient self-administration of an agent if:
- 1. Table 1 indicates that an EMT with the certification held by the EMT may administer or assist in patient self-administration of the agent;
 - 2. The agent is supplied by the patient;
 - 3. The patient or, if the patient is a minor or incapacitated adult, the patient's health care decision maker indicates that the agent is currently prescribed for the patient's symptoms; and
 - 4. The agent is in its original container and not expired.

Table 1. Authorization for Administration, Monitoring, and Assistance in Patient Self-Administration of Agents by EMT Certification; Identification of Transport Agents; Administration Requirements; and Minimum Supply Requirements for Agents

KEY:

A = Authorized to administer the agent

M = Authorized to monitor IV administration of the agent during interfacility transport, if the IV was started at the sending health care institution

PA = Authorized to assist in patient self-administration of the agent

This is an unofficial copy of A.A.C. R9-25-503, as amended by an exempt rulemaking effective January 31, 2007. Before relying on any of the provisions in this unofficial copy, you should consult the official version published in the Arizona Administrative Register or Arizona Administrative Code.

TA = Transport agent for an EMT with the specified certification

^{IFIP} = Agent shall be administered by infusion pump on interfacility transports

^{IP} = Agent shall be administered by infusion pump

^{SVN} = Agent shall be administered by small volume nebulizer

^{SVN or MDI} = Agent shall be administered by small volume nebulizer or metered dose inhaler

* = Optional agent for a BLS ambulance that is not primarily serving as the first emergency medical services provider arriving on scene in response to an emergency dispatch

** = The minimum supply for an EMT assigned to respond by bicycle or on foot is 2 cubic feet.

*** = An EMT-B may administer if authorized under R9-25-505.

[] = Minimum supply required if an EMS provider chooses to make the optional agent available for EMT administration

AGENT	MINIMUM SUPPLY	EMT-P	EMT-I(99) Certified Before 1/6/07	EMT-I(99) Certified On or After 1/6/07	EMT-I(85)	EMT-B
Adenosine	30 mg	A	A	A	-	-
Albuterol Sulfate ^{SVN or MDI} (sulfite free)	10 mg	A	A	A	A	-
Amiodarone ^{IFIP}	Optional [300 mg]	A	A	-	-	-
Antibiotics	None	TA	TA	TA	TA	-
Antiemetics:	Optional					
Promethazine HCl	[25 mg]	A	A	A	A	-
Ondansetron HCl	[4 mg]	A	A	A	A	-
Prochlorperazine edisylate	[10 mg]	A	A	A	A	-
Aspirin	324 mg	A	A	A	A	A
Atropine Sulfate	4 prefilled syringes, total of 4 mg	A	A	A	-	-
Atropine Sulfate	8 mg multidose vial (1)	A	A	A	A	-
Blood	None	TA	TA	-	-	-
Bronchodilator, inhaler	None	PA	PA	PA	PA	PA

This is an unofficial copy of A.A.C. R9-25-503, as amended by an exempt rulemaking effective January 31, 2007. Before relying on any of the provisions in this unofficial copy, you should consult the official version published in the Arizona Administrative Register or Arizona Administrative Code.

AGENT	MINIMUM SUPPLY	EMT-P	EMT-I(99) Certified Before 1/6/07	EMT-I(99) Certified On or After 1/6/07	EMT-I(85)	EMT-B
Calcium Chloride	1 g	A	A	-	-	-
Charcoal, Activated (without sorbitol)	Optional [50 g]	A	A	A	A	A
Colloids ^o	None	TA	TA	TA	TA	-
Corticosteroids ^{IP}	None	TA	TA	TA	TA	-
Dexamethasone	Optional [8 mg]	A	A	A	A	-
Dextrose	50 g	A	A	A	A	-
Dextrose, 5% in H ₂ O	Optional [250 mL bag (1)]	A	A	A	A	M***
Diazepam	20 mg	A	A	A	A	-
Diazepam Rectal Delivery Gel	Optional [20 mg]	A	A	A	A	-
Diltiazem ^{IFIP} or Verapamil HCl	25 mg 10 mg	A A	A A	- -	- -	- -
Diphenhydramine HCl	50 mg	A	A	A	A	-
Diuretics	None	TA	TA	TA	-	-
Dopamine HCl ^{IFIP}	400 mg	A	A	-	-	-
Electrolytes/Crystalloids (Commercial Preparations)	None	TA	TA	TA	TA	M
Epinephrine Auto-Injector	2 adult auto-injectors* 2 pediatric auto-injectors*	-	-	-	-	A
Epinephrine Auto-Injector	Optional [2 adult auto-injectors 2 pediatric auto-injectors]	A	A	A	A	-
Epinephrine HCl, 1:1,000	2 mg	A	A	A	A	-
Epinephrine HCl, 1:1,000	30 mg multidose vial (1)	A	A	A	-	-
Epinephrine HCl, 1:10,000	5 mg	A	A	A	-	-
Etomidate	Optional [40 mg]	A	-	-	-	-

This is an unofficial copy of A.A.C. R9-25-503, as amended by an exempt rulemaking effective January 31, 2007. Before relying on any of the provisions in this unofficial copy, you should consult the official version published in the Arizona Administrative Register or Arizona Administrative Code.

AGENT	MINIMUM SUPPLY	EMT-P	EMT-I(99) Certified Before 1/6/07	EMT-I(99) Certified On or After 1/6/07	EMT-I(85)	EMT-B
Fosphenytoin Na ^{IP} or Phenytoin Na ^{IP}	None	TA	TA	-	-	-
Furosemide or, If Furosemide is not available, Bumetanide	100 mg 4 mg	A A	A A	A A	A A	- -
Glucagon ^{IFIP}	2 mg	A	A	A	A	-
Glucose, oral	Optional [30 gm]	A	A	A	A	A
Glycoprotein IIb/IIIa Inhibitors	None	TA	TA	-	-	-
H ₂ Blockers	None	TA	TA	TA	TA	-
Heparin Na ^{IP}	None	TA	TA	-	-	-
Ipratropium Bromide 0.02% ^{SVN or MDI}	5 mL	A	A	A	A	-
Lactated Ringers	1 L bag (2)	A	A	A	A	M***
Lidocaine HCl IV	3 prefilled syringes, total of 300 mg 1 g vials or premixed infusion, total of 2 g	A	A	A	-	-
Lorazepam	Optional [8 mg]	A	A	A	A	-
Magnesium Sulfate ^{IFIP}	5 g	A	A	-	-	-
Methylprednisolone Sodium Succinate	250 mg	A	A	A	A	-
Midazolam	Optional [10 mg]	A	A	-	-	-
Morphine Sulfate	20 mg	A	A	A	A	-
Nalmefene HCl	Optional [4 mg]	A	A	A	A	-
Naloxone HCl	10 mg	A	A	A	A	-

This is an unofficial copy of A.A.C. R9-25-503, as amended by an exempt rulemaking effective January 31, 2007. Before relying on any of the provisions in this unofficial copy, you should consult the official version published in the Arizona Administrative Register or Arizona Administrative Code.

AGENT	MINIMUM SUPPLY	EMT-P	EMT-I(99) Certified Before 1/6/07	EMT-I(99) Certified On or After 1/6/07	EMT-I(85)	EMT-B
Nitroglycerin IV Solution ^{IP}	None	TA	TA	-	-	-
Nitroglycerin Sublingual Spray or Nitroglycerin Tablets	1 bottle 1 bottle	A A	A A	A A	A A	PA PA
Nitrous Oxide	Optional [Nitrous oxide 50% / Oxygen 50% fixed ratio setup with O ₂ fail-safe device and self-administration mask, 1 setup]	A	A	A	A	-
Normal Saline	1 L bag (2) 250 mL bag (1) 50 mL bag (2)	A	A	A	A	M***
Oxygen	13 cubic feet**	A	A	A	A	A
Oxytocin	Optional [10 units]	A	A	A	A	-
Phenobarbital Na ^{IP}	None	TA	TA	-	-	-
Phenylephrine Nasal Spray 0.5%	1 bottle	A	A	A	A	-
Potassium Salts ^{IP}	None	TA	TA	-	-	-
Procainamide HCl ^{IP}	None	TA	TA	-	-	-
Racemic Epinephrine ^{SVN}	None	TA	TA	-	-	-
Sodium Bicarbonate 8.4%	100 mEq	A	A	A	A	-
Succinylcholine	Optional [400 mg]	A	-	-	-	-
Theophylline ^{IP}	None	TA	TA	-	-	-
Thiamine HCl	100 mg	A	A	A	A	-
Total Parenteral Nutrition, with or without lipids ^{IFIP}	None	TA	TA	-	-	-

This is an unofficial copy of A.A.C. R9-25-503, as amended by an exempt rulemaking effective January 31, 2007. Before relying on any of the provisions in this unofficial copy, you should consult the official version published in the Arizona Administrative Register or Arizona Administrative Code.

AGENT	MINIMUM SUPPLY	EMT-P	EMT-I(99) Certified Before 1/6/07	EMT-I(99) Certified On or After 1/6/07	EMT-I(85)	EMT-B
Vasopressin	Optional [40 units]	A	A	-	-	-
Vitamins	None	TA	TA	TA	TA	-